

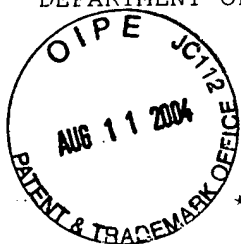


IFW

10 / 806,357 8/7/04

My NAME is KATHIE AMY
FRANCIS, AND I WAS TOLD OVER
the phone that my payment for this
project WAS \$385.00. I do NOT WORK
I AM disabled, I have only \$5.00 to give
to day Next week I hope to send much
more. I Awaiting to get ISS disability, I
ONLY Live OFF OF Child Support OF \$400.00 A
month. I ONLY receive Food stamps for \$52.00 A
month. I will send \$100.00 or more to the same address
AS this IN ONE WEEK.

THANK YOU
KATHIE AMY FRANCIS
Kathie Francis



*****QUARTERLY COLLECTION PERIOD 1/1/2004 - 3/31/2004*****

*****IMPORTANT -- KEEP THIS INFORMATION FOR YOUR RECORDS*****

*****IMPORTANTE -- GUARDE ESTA INFORMACION EN SUS ARCHIVOS*****

IF A NONCUSTODIAL PARENT(S)' NAME IS NOT LISTED FOR A PARTICULAR MONTH, THEN NO COLLECTIONS WERE PROCESSED IN THAT MONTH.

COLLECTIONS FOR JANUARY, 2004

(1)AFDC GRANT AMOUNT - \$0.00

(2) DATE OF COLLECTION	(3) CURRENT SUPPORT COLLECTED	(4) AMOUNT OF ARREARS COLLECTED	(5) TOTAL AMOUNT COLLECTED	(6) AMOUNT PAID TO YOU**	(7) AMOUNT RETAINED BY STATE
WILL	FRANCIS	JR			
1/20/2004	\$0.00	\$200.00	\$200.00	\$200.00	\$0.00
1/26/2004	\$0.00	\$200.00	\$200.00	\$200.00	\$0.00

COLLECTIONS FOR FEBRUARY, 2004

(1)AFDC GRANT AMOUNT - \$0.00

(2) DATE OF COLLECTION	(3) CURRENT SUPPORT COLLECTED	(4) AMOUNT OF ARREARS COLLECTED	(5) TOTAL AMOUNT COLLECTED	(6) AMOUNT PAID TO YOU**	(7) AMOUNT RETAINED BY STATE
WILL	FRANCIS	JR			
2/06/2004	\$0.00	\$200.00	\$200.00	\$200.00	\$0.00
2/23/2004	\$0.00	\$200.00	\$200.00	\$200.00	\$0.00

COLLECTIONS FOR MARCH, 2004

(1)AFDC GRANT AMOUNT - \$0.00

(2) DATE OF COLLECTION	(3) CURRENT SUPPORT COLLECTED	(4) AMOUNT OF ARREARS COLLECTED	(5) TOTAL AMOUNT COLLECTED	(6) AMOUNT PAID TO YOU**	(7) AMOUNT RETAINED BY STATE
WILL	FRANCIS	JR			
3/08/2004	\$0.00	\$200.00	\$200.00	\$200.00	\$0.00
3/22/2004	\$0.00	\$200.00	\$200.00	\$200.00	\$0.00

Continue on Page 3

SOCIAL SECURITY ADMINISTRATION



11181134.97

Date: November 18, 2003
Claim Number: 158-54-0934A
158-54-0934DI

KATHIE A FRANCIS
PO BOX 55-1610
CAROL CITY FL 33055-0610

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Other Important Information

YOUR CLAIM FOR SOCIAL SECURITY AND SSI BENEFITS IS CURRENTLY PENDING IN THE OFFICE OF HEARINGS AND APPEALS. YOUR CLAIM HAS NOT YET GONE BEFORE A ADMINISTRATIVE LAW JUDGE

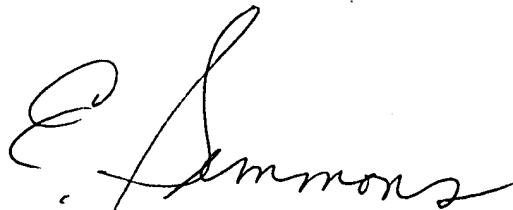
If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 305-652-4339. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
LINCOLN SQ OFC CTR
18475 NW 2ND AVE
MIAMI, FL 33169

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

MIAMI, (NORTH), FL


OFFICE MANAGER

41669
SSA DISTRICT OF

AUG 11 2004

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	N/A
	First Inventor	KATHIE A FRANCES
	Title	COVETS
	Express Mail Label No.	N/A

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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1. ☐ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 1]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - ✓ Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Sheets _____]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 10/806,357

Prior application information:

Examiner N/AArt Unit: N/A

For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☐ Customer Number: _____OR ☒ Correspondence address below

Name	KATHIE AMY FRANCES				
Address	P.O. BOX 55-1610				
City	CAROL CITY	State	FL.	Zip Code	33055
Country	UNITED STATES	Telephone	305-331-0288	Fax	
Name (Print/Type)	KATHIE AMY FRANCES		Registration No. (Attorney/Agent)		
Signature	Kathie Amy Frances		Date	08/07/04	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.